



Dana E. Blackwell
Executive Director

LOS ANGELES COUNTY COMMISSION FOR CHILDREN AND FAMILIES

COMMISSIONERS:
CAROL O. BIONDI, VICE CHAIR
PATRICIA CURRY
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PHALEN G. HUREWITZ, ESQ.
HELEN A. KLEINBERG
DAISY MA, VICE CHAIR
DR. LA-DORIS MCCLANEY
SANDRA RUDNICK
ADELINA SORKIN, LCSW/ACSW
DR. HARRIETTE F. WILLIAMS, CHAIR

APPROVED MINUTES

The General Meeting of the Commission for Children and Families was held on Monday, **March 7, 2005**, in room 140 of the Kenneth Hahn Hall of Administration, 500 West Temple Street, Los Angeles. **Please note that these minutes are intended as a summary and not as a verbatim transcription of events at this meeting.**

COMMISSIONERS PRESENT (Quorum Established)

Carol O. Biondi
Patricia Curry
Phalen G. Hurewitz
Helen Kleinberg
Daisy Ma
Dr. La-Doris McClaney
Sandra Rudnick
Adelina Sorkin
Dr. Harriette Williams

COMMISSIONERS ABSENT (Excused/Unexcused)

Joyce Fahey

APPROVAL OF THE AGENDA

The agenda for the March 7, 2005 meeting was unanimously approved.

APPROVAL OF MINUTES

The minutes for the January 31 and February 7, 2005 general meetings were unanimously approved. The minutes from the February 7, 2005 Chair's meeting were unanimously approved.

CHAIR'S REPORT: Chair Williams made the following announcements

- On March 10th, ACHSA will be sponsoring a forum on the "Role of Group Homes in the Continuum of Care". Chair Williams is a panel member. Commissioners were encouraged to attend.
- Dennis Boyle, Director of the California Department of Social Services will be in attendance at the Commission's April 4th meeting. A breakfast reception will take place prior to the meeting. Commissioners were encouraged to attend.
- Annual Economic Interest Filing is required by each Commissioner and is due back to Elizabeth Hinton at the March 21st general meeting.
- Optimist Youth Services honored Commissioner Curry with the dedication of two transitional housing apartments in her name to recognize all of her efforts and success for emancipating youth. A ceremony was held on March 4th.
- Vice Chair Ma was appointed by Assembly member Fabian Nunez to the State Bureau of Naturopathic Medicine Advisory Council.

Child Care Policy Roundtable: As the Commission's representative at the Child Care Policy Roundtable, Commissioner Sorkin asked the Commission to consider a draft letter addressed to the Board of Supervisors (BOS) to support the Roundtable's March 15, 2005 recommendations to the BOS. The Commission unanimously approved the letter.

DIRECTOR'S REPORT: Dr. Sanders provided the following report:

- The concurrent planning redesign training for the Lakewood office is complete and has begun implementation. Implementation for the remaining four offices will take place on a monthly basis.
- A roll out plan for POE has been determined and will take place over the next year with completion anticipated in summer 2006. Training is required for all staff because of the culture change required for the system's success.
- The Partnership For Families has proposed the expenditure of \$50 million over five years to implement a secondary prevention strategy. First 5 LA did not approve the proposal. The Department will submit to First 5 LA recommendations for secondary prevention based on the expansion of alternative response and the strengthening of the community based networks as addressed in the Prevention Work Group report and recommendations. Commissioner Hurewitz added that concerns were expressed by law enforcement to ensure that all of the participants in the program are mandated reporters. There was a concern that the networks represented a duplication of the existing network structure and further refinement was necessary. Commissioner Hurewitz stated that the First 5 LA staff will refine the proposal to address the concerns raised. It is his hope that the allocation will be approved at the April meeting. Dr. Sanders will provide the Commission with a draft of the Department's recommendations as the Commission's support to further those ideas would be helpful.
- As a result of the budget presentation to the CAO the following two changes are being proposed:
 1. Staff that was originally proposed for the Department's IT division are not going forward at this time. The Department is proposing additional staff for contract administration.
 2. Identify a number of new positions to compensate for staff on medical leave.

Commissioner Sorkin asked if the Department has developed a contingency plan to provide resources as a result of the closure of Boothe Memorial. Dr. Sanders acknowledged that a gap in service exists as a result of the closure and that the Department has not worked aggressively to fill the service gap.

Commissioner Kleinberg asked if the Department is going to review the training model provided by the Inter-University Consortium so that it supports the practice changes being initiated in the Department. She expressed her lack of clarity with how substance abuse services are being provided to children and families. Dr. Sanders stated that the Department is reviewing how upfront assessments for drugs and alcohol are taking place and some efforts in this area are being initiated through PSSF. He added that more work is needed to adequately and appropriately address the issue. The PSSF RFP is close to being finalized and Dr. Sanders stated if contracts are not signed by July 1, 2005, he believes that he has options developed to satisfy the state. Angela Carter stated that the training that has been designed with the Consortium on POE is significant and comprehensive. Ms. Carter believes that it will address the issues surrounding culture change in the Department. Training is also being developed with the Consortium on community engagement. Training is designed to include new and existing staff.

Commissioner Curry suggested that she and Ms. Blackwell begin developing a letter to the BOS with recommendations on the use of Prop 63. Chair Williams accepted and asked that they move forward. Commissioner Sorkin cautioned that the process is moving forward quickly.

OLD BUSINESS:

1. Mental Health Services

Deputy Director, Jackie Acosta, commented on the importance of mental health services for children and families in the child welfare system. The Department and the Department of Mental Health (DMH) have been working closely together with a focus on how to expand services to foster and transitional age youth, expansion of EPSDT and planning for Prop. 63. The result of their work is a draft plan to improve the mental health service delivery system for children and families in the child welfare system.

John Hatakeyama, Deputy Director DMH, explained that the plan includes an algorithm which identifies the needed mental health services of children and families from the point of entry into the system through treatment and monitoring of progress toward established goals. He believes that Prop. 63 provides an opportunity to fund the gaps currently present in the service delivery system. Mr. Hatakeyama commented that DMH has been intensely involved in the Katie A. efforts.

Greg Lecklitner, DMH, provided the Commission with an overview of the existing flaws in the current mental health service delivery system. These flaws include poor system of identifying children in need of care, shortage of service program, poor inter-agency communication and service delivery fragmentation. Mr. Lecklitner stated that only 29% of the estimated 288,000 children in need of mental health services will receive those services. In FY 2002-03, youth involved in the child welfare system represented 16% of those receiving children's mental health services and probation youth represented 17% of those receiving services.

Dr. Sam Chan, DMH, presented the list of the mental health programs available to foster youth. When considering the continuum of care he commented that the current system is very much fragmented with too few youth participating in the programs available. The proposed model/algorithm attempts to address these system deficits by basing its design on a core set of principles that honors best practice of mental health services and child welfare redesign. The notion of child centered and family focused is critical and central to the model as is the goals of the Department.

The proposed model includes critical service delivery elements that takes into account accessibility, co-location of staff, screening, evidenced based and best practice models. Another critical aspect of this model includes monitoring of outcomes that are aligned with the Department's goals and the development of flexible and responsive funding strategies. Mr. Hatakeyama acknowledged the limitations of EPSDT funding and reemphasized the opportunity that Prop. 63 provides to expand services. One area in particular is provision of services to the family and not just the child as DMH's adult system is geared primarily to the severely and chronically disordered population. He stated that the stakeholder process has identified service to parents as a priority area. The promotion of crisis services to parents, caretakers and children to assist in stabilizing placements is also essential.

Irma Martinez, DMH, explained that a psychiatric mobile response team (PMRT) is available in each SPA, with 8-12 clinical staff to provide services to the community. The PMRT provides assessments for crisis intervention with the ability to have children hospitalized for 72 hours for assessment. A Law enforcement clinical team is another aspect of DMH's crisis services. She provided an oversight of how the PMRT operates. Laura Span, DMH, stated that the PMRTs in SPAs 6 and 8 have been very active in working with foster care and group home providers by providing assessments with the emphasis on stabilizing the placement and making the appropriate referrals.

Dr. Chan stated that the model has been developed to focus on key child welfare subpopulations

- Children ages 0 to five
- Co-occurring disorders
- Severe emotion and behavioral problems
- Crossover youth
- Transitional age youth

He stated that financial resources and professional resources are needed to work with these populations of youth.

Mr. Lecklitner provided the Commission with an understanding of the proposed model. The model begins with a mental health screening for all youth and their families referred for an in person emergency response and ensures service access to those youth and their families with mental health issues. A DMH worker would not be present at the time of the screening; however, DMH will research the family to determine prior or current history with DMH. DMH will implement a child welfare services division within DMH to be responsible for overall management

and coordination of mental health services for children and families receiving child welfare services. Other elements of the model include an enrollment system, assessments, and treatment strategies that are based on evidence based models.

Because time was limited, Chair Williams asked Commissioners to forward questions to Dana Blackwell, who will in turn request a written response from Mr. Hatakeyama.

2. Katie A. Update

Richard Clarke and Bill Jones represented the panel. Dr. Sophy was also present.

Mr. Clarke gave the following update:

- Since his presentation to the Commission in October 2004, the Department has assigned two leads to work with the panel, Dr. Sophy and Joan Smith. Five work groups have been established to organize their activities to focus on 1) the reduction on the reliance on out of home care, 2) fiscal strategies, 3) practice change, 4) outcome tracking, and 5) implementation strategies. The work groups meet on a regular basis.
- A definition of the proxy class was established and agreed upon. More work needs to take place to develop a strategy of how to identify those children in need of mental health services and then how to deliver the needed service.
- The most recent report to the court includes a study of youth placed in Metropolitan State Hospital, and D Rate Homes.

Mr. Clarke reported that progress has been made over the last six months and that the Panel and the Department is organized to accomplish key areas to meet the settlement objectives; although substantive work has not take place on providing for the development of alternative services. As emphasized in the most recent report to the court, Mr. Clarke stated that the Panel is not hopeful that the settlement objectives will be met by July 2005. He did express optimism with the work of the DMH, and noted that implementation of the proposed model is critical.

Bill Jones recommended that the Commission pay particular attention to pages 13 and 14, items one and two, of the report. It is his observation that DMH and the Department face the challenge of implementation of services to meet the needs of the member class and to appropriately train the service providers. He stated that other communities have faced the same challenge and it is the hope of the Panel to share the success of other communities to overcome the challenge.

Dr. Sophy stated that the Department and the Panel have enjoyed a better working relationship over the last six months. Collaboration between the Department and DMH has been positive.

Commissioner Curry commented on her inability to participate in the work groups due to scheduling conflicts and short notice of meeting logistics.

Commissioner Hurewitz asked whether the Panel was inclined to ask the court to extend the courts oversight of the settlement objectives. Mr. Jones stated that it is the Panel's role to advise the court if the settlement objectives have been satisfied or not and make recommendations to extend the term for the settlement. It is the courts decision whether to extend or terminate the term of the

settlement. He further stated that the Panel is not ready to make a decision about its recommendation to the court.

Commissioner Sorkin asked if the Panel has identified funding barriers preventing the County from accomplishing the terms of the settlement. Mr. Clarke stated that those barriers were included in the previous report as well as the current report and are built into some of the developed plans. One of the plans includes authorization from the CAO to utilize anticipated savings related to the reduction in the use of group care to fund the development of additional services.

Commissioner Kleinberg asked the Panel members to define the member class. Mr. Clarke stated that the basic definition of the member class is those children in the child welfare system who have a mental health need. Commissioner Kleinberg questioned how children are assessed to determine whether they have mental health needs and if there a continuum of care established to meet the varying mental health needs of youth in the child welfare system. Mr. Clarke stated that the Panel has recommended a strong and comprehensive clinical utilization management system be put in place in the county. Such a system should identify mental health needs and needed levels of service. The system should begin to assess those children in the child welfare system. Mr. Clarke indicated that the Department has begun this process by assessing the needs of children who are 12 years and younger in group homes. The assessment also includes a determination as to whether the mental health needs of this population are being met. The assessment so far has showed that the children that are in care do have significant mental health needs and that their placement in the group homes appears to be appropriate. Commissioner Kleinberg expressed serious concern that only youth that have the most acute needs will receive services and does not feel that the Katie A. report or the DMH proposed model address the needs of youth at the very front end of the system or the needs of youth who may develop mental health issues while in care. Mr. Jones disagreed stating that these concerns are addressed by the settlement objectives and that the Panel, the Department and DMH are working toward a system where kid's needs are identified early thereby diminishing the need for high end service and placements.

Commissioner Curry expressed her frustration about the lack of implementation of any model to address the mental health needs of youth and families in Los Angeles County and when will a timeframe for implementation be developed. Referencing the DMH presentation, she expressed further frustration with what she believes is DMH's refusal to take ownership of providing mental health services to children in the child welfare system because it does not perceive these children to be their direct responsibility. Finally, Commissioner Curry expressed her disappointment with the Katie A. settlement and the Panel's work as it does not focus enough on the older, high end youth that are no longer in the child welfare system. She stated that it is this population with the largest need for mental health services and asked when a plan would be developed for this population and seriously questioned whether any consideration was being given in the Prop. 63 planning for this population.

Mr. Hatakeyama stated that DMH is taking ownership and responsibility for youth and their families that are receiving child welfare services and that a great deal of focus and planning is currently taking place. Commissioner Curry suggested that maybe DMH undergo efforts for a culture change so that all of the employees accept this notion. Mr. Hatakeyama stated that there

are two Prop 63 planning groups focused on this population and it is a high priority. Mr. Clarke stated that there has been no planning or focus on this population under Katie A settlement.

Commissioner Kleinberg commented that the model presented by DMH did not appear to be integrated with the system that the Department is putting in place and that it did not appear to be family friendly. Mr. Jones commented that he believes it is the intent of DMH to integrate services with the Department by making services available through the Department. Case decision making tension between the two agencies will exist and will need to be resolved on a case by case basis. Mr. Clarke added that the development of the medical hubs and the multidisciplinary assessment teams are two concepts that are family and child focused that works collaboratively with the families and provides services in the community. He commented that the challenge is to develop the amount of resources needed in each community with the expertise to work with the families.

In response to Commissioner Curry's question regarding an implementation timeframe, Mr. Hatakeyama stated that a letter will be sent to the BOS in the near future which proposes expanded services in SPA 2, 6 and 7 with a timetable for implementation. The majority of the proposal is a "public/private partnership, for both community based organizations providing services as well as directly operated staff", Mr Hatakeyama stated. He further added that the BOS is requiring that a bid process take place.

In response to Commissioner Kleinberg's comments, Ms. Acosta stated that the Department shares responsibility for meeting the mental health needs of the youth and families it serves. This is done through better visitation policy, access to significant others and those things they are familiar with. She stated that the Department has a long way to go in this area.

PUBLIC COMMENT

There was no request for public comment

MEETING ADJOURNED